



## Early Journal Content on JSTOR, Free to Anyone in the World

This article is one of nearly 500,000 scholarly works digitized and made freely available to everyone in the world by JSTOR.

Known as the Early Journal Content, this set of works include research articles, news, letters, and other writings published in more than 200 of the oldest leading academic journals. The works date from the mid-seventeenth to the early twentieth centuries.

We encourage people to read and share the Early Journal Content openly and to tell others that this resource exists. People may post this content online or redistribute in any way for non-commercial purposes.

Read more about Early Journal Content at <http://about.jstor.org/participate-jstor/individuals/early-journal-content>.

JSTOR is a digital library of academic journals, books, and primary source objects. JSTOR helps people discover, use, and build upon a wide range of content through a powerful research and teaching platform, and preserves this content for future generations. JSTOR is part of ITHAKA, a not-for-profit organization that also includes Ithaka S+R and Portico. For more information about JSTOR, please contact [support@jstor.org](mailto:support@jstor.org).

stool, with his back to Harold. The father ceased his restless pacing of the room and while waiting for the verdict, drew a chair near. As was his wont, when in deep thought, the doctor sat for a few moments silently stroking his beard. Then raising his eyes and seeing on the father's face an anxious, expectant look, he ventured: "He was hit pretty hard, Mr. Forbes. Somewhat young just now for a radical operation. But when he is older, we can materially help him by muscle transplantation. I would advise waiting another year. In the meantime we can,—” But there was a tugging at the doctor's sleeve. Turning, a pair of blue eyes went searchingly to his, and with a seraphic smile that lifted those seeing almost to the heavens, Harold was saying: "Doctor, am I all well now? Can I get up and walk?" And while we who had watched struggled with our emotions, we heard a prayer. No, not such a prayer as one is accustomed to hear. But a prayer none the less. For the doctor had lifted the child to his knee, and resting his hand on the little fellow's head, spoke thus: "Little one, would that I had that power,—that power to say: 'Thy faith hath made thee whole'." Surely, the Master was right when he said: "A little child shall lead them."

---

## THE COMMUNITY NURSE AS A HEALTH FACTOR

BY ELIZABETH SELDEN, R.N.

*San Francisco, California*

THE medical profession of today aims to practice preventive rather than curative medicine; by this I mean educating the masses in the principles of right living, thus preventing the original illness as well as its recurrence. To accomplish this desirable result it will be most necessary to have the right sort of people as the educators in order that the gospel of health be taught thoroughly and correctly. There are many of these groups of educators; in fact, we find them in almost every line of work. It is the Public Health Nursing Service group of educators which interests us and especially the worker herself as a factor in health.

Medical science divides the causes of disease into two classes: the direct, and the indirect or predisposing,—such as age, sex, heredity, race, climate, habits, occupation and physical environment. Under physical environment are included bad air, impure water, overcrowding, unsanitary working conditions, underfeeding from lack of knowledge in selecting the food, or from the lack of funds

with which to purchase it. These are the very conditions which demand our closest attention, and which must be corrected or relieved if we would consider the greatest good to the greatest number. Statisticians from public health departments of large cities state that if these conditions or predisposing causes were corrected there would be a decrease of at least 75 per cent in the number of illnesses in any city. Think what this would mean to the welfare of any community!

There has been growing up in the public mind a stronger consciousness and a more positive realization of the fact that upon these properly prepared health educators will depend the salvation of communities, and that only through education in the principles of health and right living can we hope to produce healthy people. It has become more and more apparent to the medical and nursing professions, as well as to the general public, that the final test of the efficiency of such health work is not only how it handles the case which it received into its care, but what impression it makes directly or indirectly upon the whole sum of sickness and suffering in the community. From this broad social point of view the work of a community nurse can under certain circumstances be a total failure as to net educational results, while at the same time it is very efficient in the details of its immediate work, namely, the care and cure of the sick. Take for example the patient whose illness is due to insanitary housing conditions, and improper feeding. The patient receives excellent care, while ill, from the nurse, and is discharged as cured, but continues to live in the same unhealthy conditions of ignorance. In a short time the individual becomes ill a second time. This is where the work fails to function to its greatest capacity, in that it falls short of being a real and lasting service to society. It should not only cure, but preserve through education the health which it has given back to the individual. It is not only the immediate cure of the sick person that the nurse should strive to accomplish, but also the ultimate social result, that of reconstructing by means of education in the principles of right living, the entire family into a healthy, contented, enlightened group.

The influence of a community nurse is far reaching,—she functions as the nurse, in many instances social service worker, comforter in time of distress; in fact, there is scarcely a capacity in which she is not required to serve. In other words she is a friend to all people at all times. The community nurse cares for the sick, protects the well, and teaches the principles of good health to all. She watches over the expectant mother, cares for the sick in her community, is

the guardian of babies and school children, organizes boys and girls into health clubs, and most important of all, is her function as an educator.

The success or failure of the public health work in any community will depend largely upon the type of nurse in that field. It is generally felt by those in authority that the community nurse must have a thorough training, because it is essential as a basis for work along this line; also that as liberal an education as can be acquired in any direction will greatly increase the capacity of the worker. The community nurse must have good health as a foundation, in order to endure the long hours of hard work, and arduous duties. She must possess an inexhaustible store of patience, and a sense of humor, as well as an unlimited supply of tact, because each problem varies with the individual or family. She must be sincere in all things, both great and small. The ideals towards which she strives must be high, while at the same time she must be eminently practical because she must be able to face and capably handle all problems which may arise. In general, the community nurse must be a "good mixer." I do not think there is any one qualification so necessary, certainly there is not a nurse in any line of work who meets, with more kaleidoscopic rapidity, different classes of people. She must know how to meet all classes of people; she must be all things to all people. She cannot meet part in one way and part in another; she must be ready to go from a meeting of the Board of Directors to attend to the wants of some little Swedish woman who can hardly speak English, or to a little boy who receives a friendly tap on the back in lieu of any closer intimacy.

The work of the community nurse is one of the most wonderful branches of public health nursing. One cannot go into it with the idea that the hours are not long and that the work is easy; one must go into it with a love for people and a sincere desire to help humanity. A nurse cannot just treat people as cases. In community nursing work it is always the individual, the person that comes into the nurse's office, and it is just that one person. She cannot put him off; she must for the time being give her entire interest to what is uppermost in the mind of her visitor. Whatever it is, it is supreme to that person at that moment, and must be of importance to her.

Community nursing is like many other things, in that we get out of it just what we put in it. The actual quality of the nurse's personality that is built into the work is responsible to a large extent for the satisfactory results which she obtains. Success cannot be reduced to paper patterns, blue prints, or prescriptions. Knowing

what to do and how to do it is not enough. "When" is another vital word in the process of achievement. The right moment is as important as is the method. A cut and dried formula, by its very nature, is incompetent to deal with human problems. Ability to meet and deal with the unusual and unexpected is the peculiar quality of leaders. Provide the ideas and furnish the energy to promote them, and the exhaustless future will bring unlooked for results. The happiness and satisfaction which the community nurse is certain to derive from her efforts are from work well done and "results" that count for the ultimate good of her people in the community.

---

## HOW ONE NURSE CELEBRATED CHRISTMAS

BY ANNIE L. HANSEN, R.N.

*Buffalo, N. Y.*

AS Christmas drew near, Miss Angel, the Public Health Nurse of Wellsville Center grew more and more depressed. She tried to keep her thoughts from wandering to the days when she was one of a large family in far-off England, but it was impossible to entirely banish the longing for home. "If only the sound of the Christmas carols sung from home to home on Christmas Eve could reach me, I would feel more content and it would bring good luck," she sighed. Instead the telephone rang and an excited voice begged the nurse to come at once to Mrs. Bergman in her home five miles out of the village. Miss Angel's trustworthy Ford quickly took her to the little home in the valley, to find that the only Christmas gift expected by the Bergman family had arrived and was setting up a lusty howl. Miss Angel's own depression was forgotten as she ministered to mother and new baby, and her heart beat in sympathy with the heart-broken cry of the mother: "Oh! Nurse, I saved a little money to buy a new rug and some Christmas gifts for the children, but this new child and my sickness takes it all. Now there is no Christmas for any of us." While Miss Angel was preparing nourishment in the kitchen, she talked with Mr. Bergman and heard the oft-repeated tale of bad luck, but the sentence that pierced her heart was, "Oh! if we could only have had the tree this Christmas that we planned for, such as we used to have in the Black Forest in Germany, we could be content. The lighted tree at Christmas always brings good luck." The desire he expressed was an echo of her own, and she at once determined to bring to the Bergmans a lighted tree, and other Christmas gifts.

A small fund for such emergencies as this was at Miss Angel's